

FLEXFT.146CP2

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Van L. Phillips
Appl. No. : 09/698,489
Filed : October 26, 2000
For : FOOT PROSTHESIS
HAVING CUSHIONED
ANKLE
Examiner : Suzette Jamie Jackson

Group Art Unit: 3738

CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this correspondence and all marked attachments are being transmitted via facsimile to Examiner Jackson, Fax No. 703 305-3580 of the USPTO on the date shown below:

March 22, 2004

(Date)

Scott Loras Murray, Reg. No. 53,360

NOTIFICATION OF LOSS OF ENTITLEMENT TO
SMALL ENTITY STATUS 37 C.F.R. § 1.28(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby notifies the Patent and Trademark Office that it is no longer entitled to status as a small entity and that the claim for small entity status is hereby withdrawn.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 3-22-04

By: 

Scott Loras Murray
Registration No. 53,360
Attorney of Record
Customer No. 20,995
(949) 760-0404

H:\DOCS\SHL\SHL-9103:sb
032204

Docket No.: FLEXFT.146CP2

Customer No.: 20,995

AMENDMENT / RESPONSE TRANSMITTAL

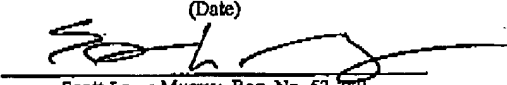
Applicant : Van L. Phillips
 App. No. : 09/698,489
 Filed : October 26, 2000
 For : FOOT PROSTHESIS HAVING
 CUSHIONED ANKLE
 Examiner : Suzette Jamie Jackson
 Art Unit : 3738

CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this correspondence and all marked attachments are being transmitted via facsimile to Examiner Jackson, Fax No. 703 305-3580 of the USPTO on the date shown below:

March 22, 2004

(Date)


 Scott Loras Murray, Reg. No. 53,360

MAIL STOP AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

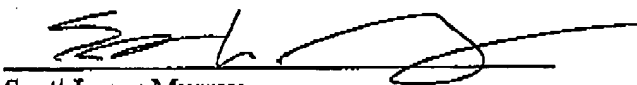
Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 7 pages.
 (X) A Notification of Loss of Entitlement to Small Entity Status.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	35 - 68 = 0	1202 (\$18)	0 x 18 =	\$0
Independent Claims	3 - 5 = 0	1201 (\$86)	0 x 86 =	\$0
			TOTAL FEE DUE	\$0

- (X) Return prepaid postcard.
 (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.


 Scott Loras Murray
 Registration No. 53,360
 Attorney of Record
 Customer No. 20,995
 (949) 760-0404

SHL-9101